

# DEADLINE:

Please return application & supplemental questionnaire in person or by U.S. Mail with a postmark on or before:

**CONTINUOUS  
RECRUITMENT  
2004**

## City-County Employment Office

Your Telephone # \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

### NURSE I

(CORRECTIONS)

**Req. #04-003**

SUPPLEMENTAL QUESTIONNAIRE

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

*Please allow 2 weeks from the closing date of this position before expecting to receive notice (one way or another) with regards to an interview.*

#### PLEASE READ BEFORE COMPLETING:

**The information** you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

**This questionnaire** is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

**CRIMINAL HISTORY CHECKS WILL BE MADE ON THE TOP APPLICANTS.**

1. Are you a graduate from an accredited school of practical nursing? YES \_\_\_\_ NO \_\_\_\_  
If yes, please list the school from which you graduated:

\_\_\_\_\_

2. **a)** Do you have a valid license to practice as a Licensed Practical Nurse in the State of Nebraska?

YES \_\_\_\_ NO \_\_\_\_ License #: \_\_\_\_\_

- b)** Do you have a valid license to practice as a Licensed Practical Nurse in another State?

YES \_\_\_\_ NO \_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

3. How long have you been working as a Licensed Practical Nurse? \_\_\_\_ yrs \_\_\_\_ mos

4. Can you lift 40lbs.? YES \_\_\_\_ NO \_\_\_\_

(CONTINUED ON REVERSE)

5. Do you have experience supervising subordinate personnel? YES \_\_\_\_ NO \_\_\_\_  
If yes, please state employer and describe your experience:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have experience in a charge position? YES \_\_\_\_ NO \_\_\_\_ If yes, please state employer and describe your experience:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you have experience working in a correctional setting? YES \_\_\_\_ NO \_\_\_\_  
If yes, please state employer and describe your experience:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you have experience responding to emergency requests? YES \_\_\_\_ NO \_\_\_\_  
If yes, please state employer and describe your experience:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you have experience working with a "Uni-dose" program? YES \_\_\_\_ NO \_\_\_\_  
If yes, state employer and describe your experience:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Experience: \_\_\_\_\_

10. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

***I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information:*** \_\_\_\_\_  
(Please initial)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Birth date Sex Maiden Name (if applicable)

**IMPORTANT – PLEASE NOTE POLICY BELOW:**

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “*set aside*”, “*probationed*” or “*pardoned*”, **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

11. **I UNDERSTAND THAT THIS POSITION IS SUBJECT TO MANDATORY DRUG TESTING POLICIES AS A CONDITION OF EMPLOYMENT.** YES \_\_\_\_ NO \_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

12. Have you listed in the Employment Record Section ALL jobs described on this questionnaire?

YES \_\_\_\_ NO \_\_\_\_

**NOTE:** FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.